0	PI	

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

1.05

DUE
DATES

4

2207

Yes

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 0612 Livingston Elem Elementary District Contract **Daily** # of Days Transported Shared Family's Name Rate 4 1300 Yes Banthem, Pebbles Venus 0.90 Bowden, David & Erin 4 1301 Yes 0.50 4 1302 No Brown, Keith 2.75 1303 Brown, Keith 4 No 4.13 1304 DeCew, Marla 4 No 1.00 4 1305 No Frasier, Pam 15.98 Howard, Patricia 4 1306 Yes 0.18 4 1309 Nashan, Melanie 1.00 No 1310 O'Connor, Karen 4 No 1.00

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HALL, BECKY

0	PI	

2209

No

1

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

0.60

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 0613 Park H S **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 1300 Yes Banthem, Pebbles Venus 0.90 Bowden, David & Erin 1 1301 Yes 0.50 1306 Yes Howard, Patricia 1 0.17 1307 Kinkie, Druska No 0.50 1 Redfield, Alan 1 1311 No 1.00 1 1315 No Vines, Jody 3.00 2207 HALL, BECKY 1 Yes 1.05 2208 **BUCKLIN, JOHN & CAROLE** 3.15 1 No

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PARISI, DOUG & KARRI

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

2.48

State	
District	
County	

DUE
DATES

7

2313

No

Kennedy, Casey

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent ATES: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0614 Gardiner Elem 34 Park Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 7 1290 Yes Hartman, Cindy 19.28 7 1291 No Hartman, Cindy 6.00 7 1292 No Kramer, Edward & Mary 0.50 7 1294 No McDonald, Danyalle 4.38 7 1295 No McDonald, Danyalle 0.75 7 1296 No Nickerson, John 3.98 7 1298 No Stermitz, Stacy 2.58 7 1299 Wickham, Adeline M 2.00 No 7 2131 ROSE, MARK & MARIA No 2.28 7 2132 McDONALD, TAMI No 4.03

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 0620 Pine Creek Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 19 1381 No FRANCK, JIM & BRENDA 0.50 19 COLE, JERRY D 1382 No 0.90 19 1383 No TECCA, TONY & JANE 0.30

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 1191 Gardiner H S **High School** District Contract **Daily** # of Days Transported Shared Family's Name Rate 4 1290 Yes Hartman, Cindy 19.27 Hartman, Cindy 4 1291 No 9.25 4 1293 No Lewis, Britt 0.65 4 1297 Replogle, Marge 1.50 No



School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

0.25

0.30

DUE
DATES

75

75

2321

2322

No

No

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent 5: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 34 Park 1215 Arrowhead Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 75 2116 No BOISE, LAURA 0.25 75 BUSBY, TERRI 2117 No 0.63 75 2118 COVINGTON, ANN MARIE 0.25 No 75 2119 DEPASO, BOB & SANDRA No 1.88 75 2120 No JESSEN, KIM & JERRY 2.25 75 2121 No KANT, CRYSTAL 1.25 75 2122 No LANDRETH, KELLY 5.00 75 2123 MACDONALD, CONSTANCE 0.25 No 75 2124 TARPEY MARKS, DEB 1.13 No 75 2125 2.25 No O'HAIR, JUDY & JUSTIN 75 2126 No OPPELT, KATRINA 1.63 75 2127 PARKS, JESSICA & JAMES No 1.03 75 2128 SPALLONE, KAY No 1.50 75 2129 STALLARD, JESSICA K 0.50 No 75 2130 WATSON, JEAN E 1.25 No

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Murray, Elizabeth

Weaver, Elizabeth

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintend February 15 to State Superintend		May 10 to Cou	ond Semester nty Superintendent e Superintendent
COMPLI	ETE THIS CLAIM FOR STATE REIMBUR	SEMENT FOR	R INDIVIDUAL AND ISOLA	ATED TRANSPORTATION:
This clain	n is for the period beginning month	, 20	and ending month	, 20 day

CERTIFICATION: The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 1227 Shields Valley Elem 34 Park Elementary District Contract **Daily** # of Days # # Shared Family's Name Rate Transported J12 1316 Yes Lahaye, Ken & Rhonda 0.13

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 1228 Shields Valley H S **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 5 1316 Yes Lahaye, Ken & Rhonda 0.12